United Nations A/65/940

General Assembly

Distr.: General
9 September 2011

Original: English

Sixty-fifth session
Agenda item 115
Follow-up to the outcome of the Millennium Summit

Summary by the President of the General Assembly of the informal interactive hearing with representatives of non-governmental organizations, civil society organizations, academia and the private sector to provide an input to the preparatory process of the 2011 High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

I. Introduction

1. Pursuant to paragraph 10 of General Assembly resolution 65/238, an informal interactive hearing with non-governmental organizations, civil society organizations, the private sector and academia was held on 16 June 2011 at United Nations Headquarters. Presided over by the President of the General Assembly, the hearing aimed to provide an input to the preparatory process of the 2011 High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, including negotiations by Member States of an outcome document for the High-level Meeting.

2. Planned with the support of a civil society task force convened by the President of the General Assembly for the purposes of preparing for the 2011 High-level Meeting, the hearing included an opening session followed by three thematic round tables. Each moderated round table included opening comments by individual panellists, comments from designated participants and a moderated discussion involving all participants.[1]

3. More than 250 civil society representatives participated in the hearing, including more than 50 individuals who either participated as panellists or made statements from the floor. The present report summarizes key findings of the hearing, including summaries of each session. The report is also informed by the findings of an online consultation held prior to the interactive hearing to canvass the

[1] For background papers prepared for the hearing, see www.un.org/en/ga/president/65/issues/ncdiseases.shtml and www.who.int/nmh/events/2011/informal_hearing/en/index.html.

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views of non-governmental, civil society, academic and private sector organizations that were unable to send a participant to the hearing. The purpose of the summary is to provide Member States with a resource for their consultations on the outcome document for the High-level Meeting.

II. Opening session

4. Welcoming participants to the interactive hearing, the President of the General Assembly emphasized the need for a global response to the challenge of non-communicable diseases. The prevention and control of non-communicable diseases should not be seen as competing with other development and health priorities, and solutions must be integrated into existing initiatives. The interactive hearing was an important component of the preparation for the forthcoming High-level Meeting on Non-communicable Diseases

5. The Deputy Secretary-General noted that non-communicable diseases are a threat to societal well-being, taking their greatest toll on developing countries. The United Nations was taking the issue of non-communicable diseases very seriously to ensure a global response to their broader social and economic impact. Praising the work and commitment of those present at the hearing, who are at the front line of the fight against non-communicable diseases, she encouraged them to learn from and link with those working on other key health development issues: HIV/AIDS and maternal and child health.

6. The Assistant Director-General for Non-communicable Diseases and Mental Health of the World Health Organization (WHO) cited key evidence on the scale, distribution and impact of the global non-communicable disease epidemic. Reviewing the key achievements of the past decade, he noted the important role civil society has played in progress to date. He also referred to the outcomes of regional consultations and other meetings conducted over the past eight months to provide input into the preparations for the High-level Meeting.

7. The Director-General of the King Hussein Cancer Foundation, Princess Dina Mired of Jordan, emphasized the need for unity in the efforts to get non-communicable diseases on the global agenda and give them the attention they deserve. She outlined the development of her own organization as an example of what it is possible to achieve in the developing world. Success would depend on developing strategic partnerships, ensuring explicit and measurable targets and Governments providing the necessary political leadership.

III. Round table 1: the scale of the challenge

8. The first round table addressed the health, social and economic scale of the challenge posed by non-communicable diseases. There is a fundamental right to good health that is being undermined by the globalization of risk factors for non-communicable diseases and by insufficient action. Thus, a human rights-based approach to the prevention and control of non-communicable diseases is warranted. The global response to non-communicable diseases needs to address the developmental and political aspects of the drivers of the main non-communicable diseases, and this will require collective action: no individual country is able to deal

with the problem alone. Much greater progress can and must be made in preventing and controlling the challenge posed by non-communicable diseases to prevent unnecessary suffering and premature deaths.

9. Speakers emphasized the need for urgent national and global action as non-communicable diseases increasingly frustrate social and economic development. Some countries already suffer the "double burden" of communicable and non-communicable diseases as well as issues of under- and overnutrition, sometimes in the same household. Health systems in all countries will not be able to cope with the projected burden of non-communicable diseases and Governments need to be aware that the cost of intervention is much less than the cost of inaction. The economic burden of non-communicable diseases is already substantial and will become staggering over the next two decades. Economic policymakers need to better understand that non-communicable diseases pose a significant economic threat, as they can be expensive to treat, require long-term management and undermine the contribution of labour to production. There is also a substantial opportunity cost, as the money spent on treating preventable diseases could be spent on other priorities.

10. Speakers stressed that the economic impact of non-communicable diseases is felt disproportionately among the poor, and many individuals and families are already tipped into poverty by these diseases; thus non-communicable diseases are also a social justice issue. This will only worsen if non-communicable diseases are not prioritized in countries' health and development plans. Strengthening health systems must include addressing the need for social insurance to reduce the potential for "catastrophic" expenditure by individuals who suffer from a non-communicable disease.

11. Given the complexity of the factors driving the challenge of non-communicable diseases, speakers emphasized the need for a response that is "whole-of-government", multisectoral and lifelong. Both prevention and control are essential, and there is much that can be done by the more systematic application of existing knowledge. There are highly cost-effective population and individual interventions for the four main non-communicable disease risk factors — tobacco use, poor diet, inadequate physical activity and harmful use of alcohol — and they should be prioritized. Countries should not focus on the "best buys" at the expense of the broader range of approaches that is needed to effectively reduce the impact of these risk factors. Speakers noted that this includes the need to consider the broader social, environmental and economic determinants of health, which strongly shape health-related choices and decisions made by communities, families and individuals. Likewise, the cultural, religious and social context should be considered when implementing effective interventions.

12. Many speakers emphasized the need for a response that complements rather than competes with existing initiatives, improving health systems for all conditions regardless of their origin. There is great potential for synergy with existing health development priorities, including those in the Millennium Development Goals. The important role of health professionals in both prevention and control was emphasized by speakers. The situation requires a holistic approach that addresses the needs of people and does not treat diseases in isolation. In this sense, other non-communicable conditions such as mental health disorders, substance abuse and

oral health disorders should be considered in the health system response to non-communicable diseases.

13. Speakers also emphasized the leadership role of Governments, which should include a commitment to developing and implementing a national non-communicable disease action plan and committing to "health in all policies". Speakers repeatedly emphasized that all key stakeholders need to be involved in the response, but noted that clarity of roles is essential to ensure that potential conflicts of interest are appropriately managed; it was proposed that frameworks be developed to assist countries in doing so. Speakers noted that some industrial influences are in conflict with not only health and social goals but also the goals of other industry and private sector actors; all stakeholders have an interest in dealing with those negative influences.

14. Speakers agreed on the need for ongoing and improved surveillance of non-communicable diseases, their risk factors and outcomes. They will be needed to monitor progress, guide policy decisions and research priorities and provide information on the effectiveness of different interventions. There was strong endorsement of the need for a clear monitoring and accountability framework as part of the global response to non-communicable diseases, with measurable indicators that countries can report against.

15. Finally, it was noted that success is possible, and there are many examples of significant and rapid progress in addressing non-communicable diseases. Now is the time to increase collective action on non-communicable diseases, and take the opportunity to avoid the growing negative social and economic consequences of the challenge posed by non-communicable diseases.

IV. Round table 2: national and local solutions

16. The second round table examined effective ways to address the challenges of non-communicable diseases. Much is known about effective interventions at both the population and individual levels to both prevent and control non-communicable diseases.[2] Interventions include tobacco control as set out in the Framework Convention on Tobacco Control; reducing the sugar, salt, trans-fats and saturated fats content of processed food; improving diets; increasing physical activity; creating effective policies and programmes to reduce the harmful use of alcohol; and providing low-cost high-quality essential medicines and technologies.

17. There is little contention regarding the evidence for the most cost-effective interventions; the challenge is thus primarily one of ensuring their proper implementation. It was agreed that non-communicable diseases are a societal problem, so a range of Government departments and societal actors need to be involved in the response. An effective mechanism to achieve this should be a priority for every country. There is an important role for civil society, and civil society should be given a formal role in both the development and implementation of each country's response.

[2] For example, chapters 4 and 5 of the World Health Organization "Global status report on noncommunicable diseases 2010" summarize the "best buys" in non-communicable disease prevention and control. See www.who.int/nmh/publications/ncd_report2010/en/index.html.

18. Speakers emphasized that premature deaths from non-communicable diseases are largely preventable, and prevention is central to a more effective response to non-communicable diseases at both national and global levels. Many primary and secondary preventive interventions are highly cost-effective and there are existing tools to support their implementation, including agreed-upon international codes, strategies and conventions.

19. Full implementation of the WHO Framework Convention on Tobacco Control was cited by many speakers as being a top priority for action, due to the domination of tobacco-related premature deaths — currently 6 million per year — across the types of non-communicable diseases. The Framework Convention is now widely ratified by both developing and developed countries, but more can and should be done to support its full implementation in developing countries.

20. The prevention and control of non-communicable diseases should be grounded in a life-course approach, given the foetal and early childhood origins of some non-communicable diseases. Children are an important focus for interventions, what with the growing impact of risk factors such as obesity on children and adolescents and the opportunity afforded to reach them through schools. Likewise, women are an important target for interventions as child bearers and, frequently, as the "gatekeepers" for food, physical activity and health services for families. Speakers also emphasized the importance of prevention and effective treatment across the life-course, including into older age where much of the burden of diseases falls.

21. Speakers agreed on the need for an effective health system, which has benefits for all areas of health, not only non-communicable diseases. Primary care is the key health-care setting for cost-effective prevention and control of non-communicable diseases. An important lesson learned from experiences in preventing and treating HIV/AIDS is the need for better integration of prevention and treatment services across disease areas — so-called "horizontal" and "diagonal" approaches. In support of this, one participant proposed "15 by 15": by 2015, 15 per cent of funding in all "vertical" programmes should be earmarked for strengthening "horizontal" health systems activities. In low-income countries, such approaches should also address the endemic non-communicable diseases that affect the so-called "bottom billion" — for example sickle cell anaemia and rheumatic heart disease — as well as palliative care.

22. Speakers referred to the roles that civil society organizations can play in the prevention and control of non-communicable diseases. There is a significant opportunity to use information and communications technologies to promote health awareness and increase empowerment of individuals and communities to reduce their exposure to risk factors for non-communicable diseases and supporting self care.

23. Many speakers emphasized that access to essential medicines and technologies is critical for the prevention and treatment of non-communicable diseases. The cost of the essential medicines is low and should be included in readily available "packages" of essential care; this will require increasing the manufacturing capacity for essential drugs to ensure quick access to high-quality generic pharmaceuticals. The specific need for better access to adequate pain relief, especially morphine, as part of palliative care was raised by several speakers. It was noted that late presentation is all too common in developing countries, partly because of a lack of universal social insurance, but also because of a lack of awareness; both need to be

addressed to avoid unnecessary suffering and premature deaths. Patient and "survivor" groups should be engaged in policy and implementation and can play a significant role in influencing the public, politicians and the media with their stories.

24. Speakers noted that Governments need to set the pace for change and use their power to ensure appropriate regulation to achieve public health goals. This may require regulation at both national and international levels to address significant health threats such as the obesity epidemic — for example to support the effective implementation of standards on marketing of unhealthy foods to children and agreed-upon targets for salt reduction. Children and the public should be protected from commercial marketing that encourages unhealthy actions and exposed to educational messages in schools and in their communities that encourage healthy action. The use of social media to deliver such messages needs to be greatly expanded. The role of physical activity was raised by a number of speakers. The benefits of physical activity are wider than prevention of non-communicable diseases, and national and local policies should create an environment that encourages and supports people to be physically active.

25. Regarding the resources required to prevent and control non-communicable diseases, speakers noted that the majority of funding for health comes from within countries, and States need to mobilize their own resources. Health needs to be a higher priority for Government spending, and non-communicable diseases need to be a higher priority in health spending; that is the only way that funding will be sustainable in the long term. Likewise, current spending on prevention and control of non-communicable diseases needs to be carefully scrutinized to ensure the best possible value for money. The prevention and control of non-communicable diseases should also be considered in decisions about official development assistance for health, in particular through integration with existing health development priorities. In addition, innovative funding mechanisms need to be explored.

26. Many speakers emphasized that one important source of funding for the prevention and control of non-communicable diseases is through increasing taxation of tobacco products. Tobacco taxation is also irrefutably one of the most effective ways to decrease tobacco consumption, particularly among young people, and is fundamental to an effective tobacco control programme.

27. Speakers endorsed the need to build capacity and capability to address non-communicable diseases among health professionals. It will require concerted efforts towards revising training curricula, dealing with "brain drain" of trained professionals from low income to higher income countries and greatly strengthening research capacity in developing countries to monitor trends and evaluate interventions.

V. Round table 3: what is needed to enhance global cooperation?

28. The final round table examined ways to increase action at the global level to collectively address the prevention and control of non-communicable diseases. The full range of stakeholders, including all those present at the debate, was identified as essential to a more effective response. It is vital to carefully examine previous

international experiences to draw out the key lessons. The value of international instruments such as the Framework Convention on Tobacco Control was emphasized, and it was noted that other such instruments may be needed in the future to support effective international action.

29. Speakers provided specific examples of enabling mechanisms to support global cooperation, including a "clearing house" function to facilitate knowledge sharing, a global forum and bilateral and multilateral partnerships to support technology and knowledge transfer.

30. The need for appropriate monitoring and accountability was reiterated, and it was noted that accountability is a national responsibility that can be supported by appropriate international monitoring.

31. It was acknowledged that the funding environment is currently challenging but there is much that can be done with existing funding. At the national level, there are opportunities to generate or "free up" resources, for example through taxing tobacco, alcohol and foods high in fat or sugar and reprioritizing spending on ineffective and expensive health-care interventions. Reducing donor "silos" will help to ensure that health development occurs in a much more integrated way that will benefit programmes to prevent and control non-communicable diseases as well as other priority areas. There is a need to expand the donor base, and opportunities to do so through linking with related issues such as climate change.

32. International federations of non-governmental organizations and private sector and other organizations have a useful role to play in the promotion of global cooperation. Representatives of the research-based pharmaceutical industry and the food and non-alcoholic beverage industries outlined pledges they have made to contribute to the prevention and control of non-communicable diseases. There is potential to expand new partnerships, for example with the sporting goods industries to promote physical activity. The private sector can bring a range of capabilities to support the prevention and control of non-communicable diseases, for example its global reach, experience with global brands and global marketing campaigns.

33. With respect to non-governmental organizations, speakers identified the value of greater collaboration, which has been realized over the past two years. Increased collaboration has greatly enhanced their ability to mobilize resources, advocate and generate social and political momentum. Collaboration will need to be further developed to support and monitor the implementation of the outcome document that is to be adopted in September.

VI. Closing session

34. The Director Emeritus of the Pan American Health Organization, George Alleyne, summarized many of the key points canvassed during the day's discussions. He noted a strong degree of coherence in the day's discussions and agreement on the need to act urgently, while acknowledging the different views within and between the different stakeholder groups on some key issues. Emphasizing the need to use proven tools and the value of strong partnerships within the United Nations and across broader society, the Director Emeritus urged all stakeholders to work together for the global public good of reduced suffering and early deaths from non-communicable diseases. He echoed the comments of many

speakers on the need to integrate the prevention and control of non-communicable diseases with action on other key health priorities, notably HIV/AIDS and maternal and child health.

35. In conclusion, the Director Emeritus exhorted participants to increase their efforts to stimulate political action on non-communicable diseases. Civil society had the resources and passion to overcome the apparent inertia and must use its unique ability to "agitate" for change. The wider public needed to be informed of the size of the problem and of the consequences of inaction. He emphasized that the High-level Meeting was an important milestone but that sustained action would be needed beyond September.

36. In closing, the President of the General Assembly emphasized that, as with other key health and development issues, all stakeholders needed to act collectively to address the global challenge of non-communicable diseases. He noted that the global community would act decisively and effectively on important global health issues, and we must learn from these prior experiences. It was in our common interest to act now, he said.

37. Thanking all those who participated in the hearing, the President noted his optimism that the High-level Meeting and the subsequent response would make a real difference to the global challenge of non-communicable diseases. That optimism had been strengthened by the quality of the discussion and the range of ideas canvassed during the hearing and the obvious energy and sense of purpose from all stakeholder groups.

VII. Principal conclusions

38. Key conclusions of the hearing include the following:

(a) Countries should move urgently to prevent and control non-communicable diseases to alleviate the significant social, economic and health impact these diseases are having, which is now compromising development gains. The last decade has seen some progress at the global level in the prevention and control of non-communicable diseases and it is clear that concerted action and leadership by Governments can result in significant and rapid progress. Efforts need to be greatly increased, however, to avert unsustainable increases in the costs of treating non-communicable diseases, which no country can afford;

(b) There is a strong consensus that non-communicable diseases are a development issue and urgently need to be afforded greater priority in national health and development plans, and a higher priority in Government funding decisions. Non-communicable diseases also need to be incorporated into the global development agenda in ways that complement rather than compete with existing health development priorities, and innovative funding mechanisms need to be rapidly identified and implemented;

(c) The complex drivers of non-communicable diseases require multi-stakeholder action, and countries should put in place a mechanism to engage all the sectors needed for an effective response. Governments should "set the pace" of the response and must show political courage and leadership;

(d) Addressing the key risk factors for non-communicable diseases will require involvement of Governments, communities, civil society, non-governmental organizations, academia and the private sector. It is important that potential conflicts of interest are appropriately managed so that effective action is not compromised;

(e) Non-communicable diseases disproportionately affect the poor at the global and, in many cases, national levels and lead to "catastrophic" expenditures that force people below the poverty line. Universal social insurance schemes are essential to avoid such a scenario and their implementation should be a priority, with attendant benefits for health care that go beyond non-communicable diseases only;

(f) Countries should prioritize the implementation of the most cost-effective population and individual level interventions to prevent non-communicable diseases, some of which are in fact cost saving, to ensure they are getting the best value for money from existing expenditures. These interventions should be the priority for new spending on the prevention and control of non-communicable diseases;

(g) A renewed commitment to full implementation of the Framework Convention on Tobacco Control is essential to prevent a huge burden of suffering and many millions of premature deaths among working age people. Countries should honour their commitment not just to full national implementation, but to international cooperation to support low-income countries to implement the Framework Convention;

(h) Countries should continue to strengthen the surveillance and monitoring of non-communicable diseases to inform and guide policy and action at both national and international levels;

(i) The health system response to non-communicable diseases must be fully integrated with programmes that address other key health issues to ensure that services meet the needs of the people who use them. Access to high-quality and affordable essential medicines is an essential component, as is the implementation of programmes to deliver them effectively in low-resource settings;

(j) The outcome document for the High-level Meeting must have clear objectives and measurable indicators, supported by a monitoring and evaluation function, to support national accountability for increasing the prevention and control of non-communicable diseases. Civil society organizations should play a role in independently monitoring and reporting on progress;

(k) It is essential that Heads of State and Government attend the High-level Meeting to ensure that there is the high-level political commitment to increase the prevention and control of non-communicable diseases;

(l) As noted by the General Assembly in its resolution 65/238, countries should consider including civil society representatives in their delegations to the High-level Meeting. Civil society representatives can bring technical expertise and help mobilize political support and will be essential actors in implementing the agreed-upon outcomes of the High-level Meeting;

(m) Health workers are key to an effective national response to non-communicable diseases, but many are not trained to prevent, detect and manage those diseases. Training curricula should be reviewed to ensure that health workers

receive relevant training in both the prevention and control of non-communicable diseases;

(n) Governments should look to tobacco taxation as a key way to raise revenue to prevent and control non-communicable diseases. In addition, taxation is a highly effective way to reduce smoking rates, particularly among young people.